

The shadow

Douglas Waugh, MD

One feature of life that can't be ignored is the little reminders we get that our bodies, marvellous structures though they are, are not built to last forever. Most of the time these little tokens of transience come as gentle nudges that we learn to take in stride — grey hair, no hair, bifocals, dentures, hearing aids or creaky joints. They appear so gradually that we are able to conceal them adroitly or joke about the little inconveniences they cause.

Once in a while, however, the nudge becomes a roundhouse left that can't be concealed, ignored or joked away. I received my jolt 5 years ago. I had been in hospital for cataract surgery and lens implant — two nudges. For some reason my pre-op chest x-ray was not reported until the Thursday before Easter, the day I was to leave hospital.

The ophthalmologist looked at me gravely when he presented my discharge instructions. "By the way, Doug, on your way out I want you to drop by the x-ray department. They want to check a small shadow on your left lung."

I call that a jolt. As a three-pack-a-day pathologist with 35 years of pulmonary contamination under my belt, I couldn't kid myself about the odds. I doubted they would be much affected by the fact that I'd finally managed

to quit smoking 3 years earlier. And here it was Easter weekend. I would have to wait out the holiday to discover what was wrong.

Most of us think we know how we're likely to react in this sort of situation, but life is full of surprises. I found that I was remarkably efficient at protective rationalization and clung to the

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remote possibility that the shadow might simply be a granuloma, beautifully benign and quiescent. This thought was actually quite comforting.

My wife, whose father had died of bronchogenic carcinoma when he was 53, knew as well as I did what the prospects really were. I don't know what thoughts were in her mind that dreadful weekend because she kept them to herself as, indeed, I clung to mine. We agreed that it would be fruitless to spend our time in gloomy speculation. However, a whole range of con-

versation topics had suddenly become taboo, including just about everything beyond the immediate future.

We managed to survive the long weekend without any wringing of hands, emotional outbursts or debates about the merits of burial versus cremation. We discovered we could ride out a crisis without panic. That was comforting.

It took only 10 days to complete all the tests, scans, probings and consultations before I lost the lower lobe of my left lung. And, as any oddsmaker could have predicted, the shadow proved to be malignant. It was the best kind of malignancy, if that description can be applied to such a nastiness. It was small, peripheral, in a scar, with no lymph node spread and it was an adenocarcinoma — not related to smoking. Every one of the prognostic indicators was in my favour.

In no time my wife and I were happily planning holidays and talking of the future with enthusiasm and optimism. It was a couple of years, however, before we could talk comfortably of a future more distant than 6 or 12 months. And every time I caught a cold or developed a muscular pain or a creaky joint our first thoughts were of recurrence or metastasis.

This year's Easter was the fifth since my jolt and we're both happily restored to a state that is as close to normal as any we've ever experienced. I've even started, ever so gingerly, to uncross my fingers. ■

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